PROGRESS SHEET – APPLICATION FOR WATER RIGHT ⊠ SURFACE WATER ☐ GROUND WATER

Checked by: Date:	
PEND OREILLE COUNTY WRIA 62 WRTS No. S3-30494 PRIORITY DATE: J1 Date App rec'd: July 18, 2005 Date fee rec'd: July 18, 2005 Amount \$10.00 Statement of additional exam. fee: \$ Sent: Returned for completion or correction: Revd: PUBLICATION: Newspaper(s): Newport Miner OK'd by: KT Date Affidavit rec'd: 3-23-2006 Time expires: 4-2 Checked by: The Date Notice Sent 3-1006 Time expires: 4-2 Checked by: The Date Notice Sent 3-1006 Time expires: 4-2 WDFW COMMENT: YES NO Note: Fee rec'd: Permit issued WDFW COMMENT: YES NO Note: PERMIT ISSUED EXAMINATION DATE ROE ISSUED SUP. ROE ISSUED PERMIT ISSUED DEVELOPMENT SCHEDULE: BC due: EXT to: BC filed WELL LOG(S) RECEIVED: YES NO Note: CC due: EXT to: PA filed METER INSTALLED: YES NO Note: FISH SCREEN INSTALLED: YES NO Note: FISH SCREEN INSTALLED: YES NO Note: FISH SCREEN INSTALLED: YES NO Note: FISH SCREEN INSTALLED: YES NO NOTE: FISH SCREEN INSTALLED: YES NO NOTE: FISH SCREEN INSTALLED: YES NO NOTE: FISH SCREEN INSTALLED: YES NO N	
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Returned for completion or correction: Revd:	Check No.: 1414
PUBLICATION: Newspaper(s): Newport Miner OK'd by: KT Date Affidavit rec'd:3_2	Rec'd:
Newspaper(s): Newport Miner OK'd by: KT Date Affidavit rec'd:3-23-2006	
OK'd by: KT Date Affidavit rec'd:3-23-2006	SPOTTE
Date Affidavit rec'd:	
Checked by:	8-2006
NTERESTED PARTIES: WDFW State DOH County DOH Tribe USBR W²FO Ephn WDFW COMMENT: YES NO Note: YES Tribe USBR W²FO Ephn WDFW COMMENT: YES NO Note: YES YES NO YES YES YES YES YES YES YES NO YES YES NO YES NO NO YES NO NO YES NO Note: YES NO Note: YES NO Note: YES YES NO Note: YES	-06
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WDFW	
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METER INSTALLED: YES NO Note:	
FISH SCREEN INSTALLED: YES NO Note:	
DA EIEI D EVAMINATION DECLIDED. T VEG T NO	
PA FIELD EXAMINATION REQUIRED: YES NO	
Date examination made: By:	
APPROVED FOR CERTIFICATE: YES NO	
Cert. fee: \$ Date letter sent: Fee rec'd:	Check No.:
Date Certificate issued:	

cc: WDFW; Kalispel Tribe 3/104

ASSIGNMENT INFO: SUBJECT TO REAL ESTATE EXISE TAX

Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Assignee:	Date:	
Phone #:	Initial:	
Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Address:	Date:	
Phone #:	Initial:	
Assignment received:	Assignment approved:	
	Submitted to Department of Revenue	
Assignee:		
Address:	Date:	
Phone #:	Initial:	
Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Assignee:	Date:	
Address:		
Phone #:	Initial:	
Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Address:	Date:	
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Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Address:	The state of the s	
Phone #:		
Phone #:	mittar.	
Assignment received:	Assignment approved:	
8		
	Submitted to Department of Revenue	
Assignee:		